05/16/2007 10:03

Image# 27990069229

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FURIWI 3X	For	Other Than An	Authorized Con	nmittee	C	Office Use Only
1. NAME OF COMMITTEE (in		FEC MAILING LAB	EL Example:If over the lin	typing, type es		
National Associa	tion of Insurance a	and Financial Advisor	rs Political Action Co	mmit-		
	1 1 1 1 1				1 1 1 1 1 1	
ADDRESS (number a	nd street)	901 Telestar Court				
Check if dif than previou reported. (A	ısly , F	alls Church			VA L	22042
2. <b>FEC IDENTIFIC</b>	ATION NUMBER	<b>—</b>	CITY 🛕		STATE	ZIPCODE 🛕
C0000524	9	3	B. IS THIS X	NEW (N) OR	AMEI (A)	NDED
July 18 Quarte Octobe Quarte Janual Quarte July 3° Report Year C	eports:  5 rly Report(Q1) 6 rly Report(Q2) er 15 rly Report(Q3)	(d) 30-Day  Post -Electi  Report for th	nee: Conve	X May 20 (M5) Jun 20 (M6) Jul 20 (M7)  ry (12P) Intion (12C)  al (30G)	Aug 20 Sep 20 Oct 20 General (12 Special (120 Runoff (30F	Year Only)  (M9)  (M9)  (M10)  Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)  G)  Runoff (12R)  G)  in the State of
5. Covering Period	0 4	01 2007	7 thre	ough 04	30	2007
I certify that I have ex Type or Print Name o	f Treasurer <u>I</u>	Peter C. Browne		ef it is true, correct	and complete.	
Signature of Treasure					Date 0.5	16 2007
	of false, erroneous	, or incomplete inform	nation may subject th	e person signing th	nis Report to the pe	enalties of 2 U.S.C 437g.
Office Use						FEC FORM 3X

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Rep	port Covering the Period: From:	01 2007	To: 0 4 3 0 Y Y Y Y Y
	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (	a) Cash on Hand January 1  Y2007		138478.22
(	Cash on Hand at Begining of Reporting Period	96654.36	
(	c) Total Receipts (from Line 19)	71460.75	288922.49
(	d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	168115.11	427400.71
7. 1	otal Disbursements (from Line 31)	44572.52	303858.12
F	Cash on Hand at Close of Reporting Period Subtract Line 7 from Line 6(d))	123542.59	123542.59
t	Debts and Obligations owed TO ne committee (Itemize all on schedule C and/or Schedule D)	0.00	
t	Debts and Obligations owed BY The committee (Itemize all on Schedule C and/or Schedule D)	61613.07	

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Commit-

Report Covering the Period:

From:

м м 0 4 01

<sup>Y</sup> 2 0 0 7

To:

м м 0 4 <sup>D</sup> 3 0

2007

I. Receipts	<b>S</b>	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than k			
Than Political Commi (i) Itemized (use Sch	ttees	18093.95	58650.70
(ii) Unitemized		53366.80	230271.79
(iii) TOTAL (add Lines 11(a)(i) and	(ii)	71460.75	288922.49
(b) Political Party Commi	ttees	0.00	0.00
(c) Other Political Comm (such as PACs) (d) Total Contributions (a		0.00	0.00
11(a)(iii),(b) and (c)) ( Totals to Line 33, pag		71460.75	288922.49
Transfers From Affiliated/C Party Committees		0.00	0.00
3. All Loans Received		0.00	0.00
Loan Repayments Receive     Offsets To Operating Expe		0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 6. Refunds of Contributions N		0.00	0.00
to Federal candidates and Political Committees	Other	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.) .		0.00	0.00
8. Transfers from Non-Feder	ral and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		0.00	0.00
(b) Levin Funds (from Sch	nedule H5)	0.00	0.00
(c) Total Transfer (add 18	(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 12, 13, 14, 15, 16, 17, and		71460.75	288922.49
20. Total Federal Receipts (subtract Line 18(c) from L	ina 10)	71460.75	288922.49

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal	1	
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	538.52	68182.62
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	538.52	68182.62
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	43000.00	234500.00
	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
3.	Refunds of Contributions To:  (a) Individuals/Persons Other Than Political Committees	1034.00	1175.50
		0.00	0.00
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	1034.00	1175.50
9.	Other Disbursements	0.00	0.00
0	Federal Election Activity (2 U.S.C 431(20))		
٠.	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	44572.52	303858.12
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	44572.52	303858.12

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	71460.75	288922.49
34. Total Contribution Refunds (from Line 28(d))	1034.00	1175.50
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70426.75	287746.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	538.52	68182.62
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	538.52	68182.62

SCHEDULE A (FEC Form 3X	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 55
ITEMIZED RECEIPTS	•	or each category of the  Detailed Summary Page	(check only one)  X 11a 11b 11c 12
		, ,	13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  National Association of Insurance at tee	nd Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial)  Mr. Michael J. Ables, LUTCF			Date of Receipt
Mailing Address PO Box 2205	01-1-	7'. 0.11	0 4 1 0 2 0 0 7
City <u>Avila Beac</u> h	State CA	Zip Code 93424-2205	Transaction ID: R1673857  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		105.00
Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial)  Mr. Paul Adams			Date of Receipt
Mailing Address 5101 Missy Maric La	ne		04 10 4 2007
City	State	Zip Code	Transaction ID: R1671370
Las Vegas	NV	89130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		72.00 Payroll Deduction
Name of Employer Self-employed	Occupation Insurance		1 ayron beddonon
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	288.00	
Full Name (Last, First, Middle Initial)  Mr. William C. Anderson, LUTCF			Date of Receipt
Mailing Address 205 Whippoorwill La	ine		0 4 1 0 2 0 0 7
City	State	Zip Code	Transaction ID: R1674874
Altamonte Spgs	FL	32701-7827	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00 Payroll Deduction
Name of Employer Self-employed	Occupation Insurance		, ayron goddanon
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)		······	202.00
TOTAL This Period (last page this line numb	er only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 55 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and F	inancial Ad	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. William C. Anderson, LUTCF Mailing Address 205 Whippoorwill Lane	Chata	7in Onda	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City Altamonte Spgs	State FL	Zip Code 32701-7827	Transaction ID: R1675484
	FEC ID number of contributing federal political committee.	C	32/01-762/	Amount of Each Receipt this Period  250.00
	Name of Employer Self-employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Insurance Aggregate		Credit Card
3.	Full Name (Last, First, Middle Initial) Mr. Thom E. Beasley Mailing Address 1103 Dove Rd.			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1673963
	Jonesboro	AR	72401-5270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		81.00
	Name of Employer Self-employed	Occupation Insurance	e Agent	Payroll Deduction
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 324.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Mr. Kent A. Bennett			Date of Receipt
	Mailing Address 280 Hollow Road			04 / 10 / Y Y Y Y Y Y Y
	City Muncy	State PA	Zip Code	Transaction ID: R1674897
	FEC ID number of contributing federal political committee.	C	17756-5789	Amount of Each Receipt this Period  87.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
SI	JBTOTAL of Receipts This Page (optional)			418.50
T	OTAL This Period (last page this line number on	ly)	<b>)</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 55			
ıт	EMIZED RECEIPTS	or each category of the		(check only one)			
11	EIVIIZED NECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12			
			, ,	13 14 15 16 17			
Ar or	ny information copied from such Reports and Stat- for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
$\setminus$	NAME OF COMMITTEE (In Full)						
$\rangle$	National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-			
Α.	Full Name (Last, First, Middle Initial) Mr. David B. Bianchi, CLU			Date of Receipt			
	Mailing Address 1125 Beldon Way			04 10 4 2007			
	City	State	Zip Code	Transaction ID: R1674089			
	Reno	NV	89503-3164	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		60.00			
	Name of Employer Self-employed	Occupation		Payroll Deduction			
	Receipt For:		e Year-to-Date ▼	_			
	Primary General	Aggregate	e real-lo-dale V				
	Other (specify)		240.00				
В.	Full Name (Last, First, Middle Initial) Mr. John P. Border, LUTCF,LTCP			Date of Receipt			
	Mailing Address 309 Truxtun Avenue			0 4 1 0 2 0 0 7			
	City	State	Zip Code	Transaction ID: R1675113			
	Bakersfield	CA	93301-5313	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		250.00 Check			
	Name of Employer Self-employed	Occupation Insurance		Gleck			
	Receipt For:		Year-to-Date ▼	_			
	Primary General	7.99.094.0	· · · · · · · · · · · · · · · · · · ·				
	Other (specify) ▼	0 0	500.00				
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Ronald D. Brant, CLU, LUTCF			Date of Receipt			
	Mailing Address 10234 Hoffman			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O			
	City	State	Zip Code	Transaction ID: R1674633			
	Maybee	MI	48159-9777	Amount of Each Receipt this Period			
		C	40139-3111	Amount of Each Receipt this Feriod			
	FEC ID number of contributing federal political committee.		208.00				
	Name of Employer	Occupation	n	Payroll Deduction			
	Self-employed	Insurance	e Agent				
	Receipt For:		e Year-to-Date ▼	7			
	Primary General			1			
	Other (specify) ▼		882.00				
				518.00			
S	UBTOTAL of Receipts This Page (optional)		······	510.00			

SC	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/55	
	EMIZED RECEIPTS		or each category of the	(check only one)
	EIVIIZED RECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or i	y information copied from such Reports and State or commercial purposes, other than using the nar	ments may ne and ado	r not be sold or used by any perso Iress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		71	
$\rangle$	National Association of Insurance and Fir	nancial Ad	dvisors Political Action Comr	nit-
_	tee			
۹.	Full Name (Last, First, Middle Initial) Mr. Ronald D. Brant, CLU, LUTCF			Date of Receipt
	Mailing Address 10234 Hoffman			M " M / D " D / Y " Y " Y " Y
	011	01-1-	7's Oads	04 18 2007
	City Maybee	State MI	Zip Code	Transaction ID: R1675081
	Maybee	IVII	48159-9777	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupation	1	Check
	Self-employed '	Insurance		
	Receipt For:		Year-to-Date ▼	1
	Primary General	1 1	992.00	
	Other (specify)		882.00	
	Full Name (Last, First, Middle Initial)			
3.	Ms. Lisa M. Broadbent-DiOssi, LUTCF			Date of Receipt
	Mailing Address 20 Polly Drummond Hill F	Rd.		04 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	
	Newark	DE	19711-5703	Transaction ID: R1675487  Amount of Each Receipt this Period
			13711 3703	
	FEC ID number of contributing federal political committee.	C		500.00
	· ·	0 "		Credit Card
	Self-employed	Occupatior Insurance		
	Receipt For:		Year-to-Date ▼	-
	Primary General	7 iggi ogalo		
	Other (specify) ▼		500.00	
Э.	Full Name (Last, First, Middle Initial) Mr. C. Robert Brown, Sr., CLU, L			Date of Receipt
	Mailing Address 8675 WestCott			M M / D D / Y Y Y Y
				04 10 2007
	City	State	Zip Code	Transaction ID: R1672677
	Germantown	TN	38138-7738	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	rederal political committee.			Payroll Deduction
	Solf amployed 1	Occupation		Payroli Deduction
		Insurance		-
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
	(-F )/ <b>V</b>	0 0	0 0 0 0 0 0 0	
	•			612.50
SI	JBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	012.50
T	OTAL This Period (last page this line number only	<i>(</i> )	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 55
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial)  A. Mr. Michael O. Brown, LUTCF			Date of Receipt
Mailing Address 6512 Nell 3			M M / D D / Y Y Y Y
City	State	Zip Code	0 4 1 0 2 0 0 7  Transaction ID: R1674393
Edmond	OK	73013	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer	Occupation	n	Payroll Deduction
Name of Employer Self-employed	Insurance		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		240.00	
Calci (openiy) V	0 0	0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial)  Mr. Thomas K. Brueckner, MDRT			Date of Receipt
Mailing Address 16 Duck Pond Lane			04 19 2007
City	State	Zip Code	Transaction ID: R1675076
Nashua	NH	03060	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-employed	Occupation	n	Check
	Insuranc	<del>-</del>	
Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		500.00	
Full Name (Last, First, Middle Initial)  Mr. James A. Buchan, CLU, ChFC			Date of Receipt
Mailing Address 5716 W. Orlando Circle	е		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1674103
Broken Arrow	OK	74011	Amount of Each Receipt this Period
FEC ID number of contributing	С		60.00
federal political committee.			Payroll Deduction
Name of Employer Self-employed	Occupation		1 dyron Boddonon
Receipt For:		e Year-to-Date <b>V</b>	
Primary General		240.00	1
Other (specify) ▼	0 0	240.00	
SUBTOTAL of Receipts This Page (optional)			620.00
TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 55		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
••			Detailed Summary Page	X   11a     11b     11c     12     15     16     17		
Ar	ny information copied from such Reports and Stat	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.		
$  \setminus $	NAME OF COMMITTEE (In Full)  National Association of Insurance and F	inanaial A	dvicere Delitical Action Com	mit		
$\angle$	tee	inanciai A	uvisors Political Action Com			
Α.	Full Name (Last, First, Middle Initial) Mr. Alexander A. Chernoff			Date of Receipt		
۸.	Mailing Address 351 Ridge Lane			M M / D D / Y Y Y Y		
				04 02 2007		
	City Mill Neck	State NY	Zip Code	Transaction ID: R1674924		
			11765-1201	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self-employed	Occupation		Check		
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_		
	Primary General	Aggregate		1		
	Other (specify) ▼		500.00			
_	Full Name (Last, First, Middle Initial)					
В.	Mr. Thomas R. Clark, CLU, ChFC			Date of Receipt		
	Mailing Address 1603 22nd St Ste 202			04 10 YYYY 2007		
	City	State	Zip Code	Transaction ID: R1674382		
	West Des Moines	IA	50266-1410	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		60.00		
	federal political committee.					
	Name of Employer Self-employed	Occupation	n	Payroll Deduction		
		Insurance				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify)	' '	240.00			
C.	Full Name (Last, First, Middle Initial) Ms. Dawn A. Coleman-Hyman			Date of Receipt		
Ο.	Mailing Address 2505 E 7th St			M M / D D / Y Y Y Y		
				04 03 2007		
	City	State	Zip Code	Transaction ID: R1674978		
	Long Beach	CA	90804	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer	Occupation	2	Credit Card		
	Name of Employer Self-employed	Insurance				
	Receipt For:	1	e Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify)		300.00			
				1000.00		
s	SUBTOTAL of Receipts This Page (optional)					
Т	OTAL This Period (last page this line number or	nlv)				
		,,				

SCHEDULE A (FEC Form	3X)	Lisa sanarata sahadula(a)	FOR LINE NUMBER: PAGE 12/55
ITEMIZED RECEIPTS	,	Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports or for commercial purposes, other than us	and Statements may	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full)  National Association of Insurance		•	
Full Name (Last, First, Middle Initial) Mr. Michael E. Curry, CLU, CEBS Mailing Address 1270 Clubhouse  City	Dr State	Zip Code	Date of Receipt    M
Pasadena	CA	91105-2729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1111111	250.00
Name of Employer Self-employed	Occupation Insurance		Credit Card
Receipt For:  Primary General  Other (specify) ▼	Aggregate	250.00	]
Full Name (Last, First, Middle Initial)  Mr. Vincent M. D'Addona, CLU, ChFC			Date of Receipt
Mailing Address 141 Greenway R	oad		04 10 2007
City	State	Zip Code	Transaction ID: R1674519
<u>Lido Beach</u>	NY	11561-4828	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00  Payroll Deduction
Name of Employer Self-employed	Occupation Insurance		Fayron Deduction
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify)		340.00	
Full Name (Last, First, Middle Initial)  Ms. Jeri K. D'Lugin, JD,CLU,AEP			Date of Receipt
Mailing Address 201 Staunton Dri	ve		0 4 0 3 2 0 0 7
City	State	Zip Code	Transaction ID: R1674971
Greensboro	NC	27410-6066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		275.00 Check
Name of Employer Self-employed	Occupation Insurance		Shock
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 275.00	
SUBTOTAL of Receipts This Page (option	onal)		610.00
TOTAL This Period (last page this line n	umber only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 55
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	ny information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	Iress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)	nancial A	tricore Political Action Com-	nit
/	National Association of Insurance and Fitee	nanciai A	avisors political action comi	IIIt-
	Full Name (Last, First, Middle Initial)			Data of Bookin
٦.	Mr. John A. Davidson, LUTCF, FSS  Mailing Address 1497 Rancho Lane			Date of Receipt
	Mailing Address 1497 Hancho Lane			04 10 2007
	City	State	Zip Code	Transaction ID: R1674504
	Thousand Oaks	CA	91362	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		105.00
	Name of Employer Self-employed	Occupation	1	Payroll Deduction
	Self-employed *	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		420.00	
	☐ Other (specify) ▼	0 0		
3.	Full Name (Last, First, Middle Initial) Mr. William James DeBruin, LUTCF			Date of Receipt
	Mailing Address 106 Edgewood Ln			M M / D D / Y Y Y Y
	City	04 10 2007		
	Combined Locks	State WI	Zip Code 54113	Transaction ID: R1674040  Amount of Each Receipt this Period
	FEC ID number of contributing		J-110	
	federal political committee.	C		72.00
	Name of Employer	Occupation	1	Payroll Deduction
	Name of Employer Self-employed	Insurance		
	Receipt For:		Year-to-Date ▼	1
	Primary General		288.00	
	Other (specify) ▼		200.00	
_	Full Name (Last, First, Middle Initial)			
Э.	Mr. James F. DeLay, CLU, ChFC			Date of Receipt
	Mailing Address 9432 Preston Trail West			04 10 2007
	City	State	Zip Code	Transaction ID: R1675123
	Ponte Vedra Beach	FL	32082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
				Check
Solf amployed '		Occupation		OHECK
	Receipt For:	Insurance	e Agent Year-to-Date ▼	-
	Primary General	Aggregate		
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)		·····	677.00
_	OTAL This David (look see a big Page as )	1. 3		
1	OTAL This Period (last page this line number on	ıy)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NU (check only or X 11a 13	_	11c 15	12	17
Ar or	ly information copied from such Reports and Statements for commercial purposes, other than using the name an	s may i nd addr	not be sold or used by any perso ress of any political committee to	on for the purpose solicit contribution	e of solicit ons from s	ing contrib	utions nittee.	
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Financi tee	ial Ad	visors Political Action Com	mit-				
A. 3.	Full Name (Last, First, Middle Initial) Mr. Paul R. Decker, CLU, ChFC Mailing Address Box 1832  City Stat Idaho Falls ID  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Occu	upation rance	Zip Code 83403-1832  Agent Year-to-Date ▼ 201.60	Date of Re    M	on ID: R1 Each Rec	674654	0 0 7 Period 50.40	]
<b>3.</b>	Mailing Address 2706 Avenue N  City Stat Brooklyn NY  FEC ID number of contributing federal political committee.  Name of Employer Self-employed Occu Insur	upation rance	Zip Code 11210-5319  Agent Year-to-Date ▼	Transactic  Amount of  Credit Car	27 on ID: R1 Each Rec	675495 ceipt this P	0 0 7 Yeriod	]
<b>D.</b>	Self-employéd Insur	upation rance	Zip Code 52224-9750  Agent Year-to-Date ▼	Date of Re  M M M O 4  Transactio  Amount of	n ID: R1	674824	0 0 7 Period 50.40	]
s	UBTOTAL of Receipts This Page (optional)		·····			3	50.80	]
T	OTAL This Period (last page this line number only)		<b>&gt;</b>	. L				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 55 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and Sta	atements may		n for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  National Association of Insurance and I tee	-inancial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial)			
Mr. M. Jay Einstein, CLU			Date of Receipt
Mailing Address 59 Margarete Dr.			04 10 / Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1674235
Pittsgrove	NJ	08318-3015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		72.00
Name of Employer Self-employed	Occupation		Payroll Deduction
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		288.00	
Full Name (Last, First, Middle Initial)  3. Mr. Scott Engell, LUTCF			Date of Receipt
Mailing Address 757 Armadillo Drive	04 24 2007		
City	State	Zip Code	Transaction ID: R1675470
<u>Deltona</u>	FL	32725-2651	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		75.00
Name of Employer Self-employed	Occupation Insurance		Credit Card
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)  Mr. Byron Hyatt Erstad, Jr.			Date of Receipt
Mailing Address 2510 S Nantucket Way			04 10 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1674379
<u>Boise</u>	ID	83706-5095	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.40
Name of Employer Self-employed	Occupation		Payroll Deduction
		e Agent	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 201.60	
SUBTOTAL of Receipts This Page (optional)			197.40
TOTAL This Period (last page this line number of	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 55			
	EMIZED RECEIPTS		or each category of the	(check only one)		
••	LIMIZED RECEIL 13		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17		
Ar	ny information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and ado	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$\rangle$	National Association of Insurance and Finatee	dvisors Political Action Com	mit-			
`	Full Name (Last, First, Middle Initial)			2. (2		
Α.	Mr. Robert H. Fitzsimmons, CFP  Mailing Address 6421 Shenandoah Dr.			Date of Receipt		
	Mailing Address 6421 Shehandoan Dr.			04 02 2007		
	City	State	Zip Code	Transaction ID: R1674935		
	Lincoln	NE	68510-4152	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00		
	Name of Employer	ccupation	1	Check		
		nsurance				
		Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		300.00			
	Carici (specify)	0 0	0 0 0 0 0 0 0			
В.	Full Name (Last, First, Middle Initial) Mr. John E. Fleming			Date of Receipt		
	Mailing Address 108 Stratford Court			$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 4 & & 0 & 9 & & 2 & 0 & 0 & 7 \end{bmatrix}$		
	City	State	Zip Code	Transaction ID: R1675011		
	Hollidaysburg	PA	16648	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer Self-employed	ccupation	1	Credit Card		
		nsurance				
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼			
	Other (specify) ▼		250.00			
_	Full Name (Last, First, Middle Initial) Ms. Sherry L. Flint			Date of Receipt		
Ο.	Mailing Address 4155 Via Candidic #36			M M / D D / Y Y Y Y		
				04 03 2007		
	City State		Zip Code	Transaction ID: R1674947		
	San Diego	CA	92130	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer Occupation Self-employed Insurance		n e Agent	Check		
			Year-to-Date ▼	_		
Primary General Other (specify) ▼			050.00			
			250.00			
s	UBTOTAL of Receipts This Page (optional)			800.00		
$\vdash$	ago (optional)		<b>,</b>			
т	OTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/55
ITEMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED NEGEN 13	Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Δ,	ny information copied from such Reports and Statements	may not be sold or used by any perso	
or	for commercial purposes, other than using the name and	address of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)		
$ \rangle$	National Association of Insurance and Financia tee	Advisors Political Action Com	mit-
_	Full Name (Last, First, Middle Initial)		
A.	Mr. H. Larry Fortenberry, CPA,CLU,Ch		Date of Receipt
	Mailing Address 603 Gordon PI		M M / D D / Y Y Y Y
	Oth. Chata	7in Code	04 10 2007
	City State Madison MS	Zip Code	Transaction ID: R1674256
		39110-9799	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		52.50
	Name of Employer Occupa	ation	Payroll Deduction
	Self-employed Insura	nce Agent	
		gate Year-to-Date ▼	
	Primary General	210.00	
	Other (specify) ▼		1
_	Full Name (Last, First, Middle Initial)		5. (5. )
В.			Date of Receipt
	Mailing Address 481 Route 82		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City State	Zip Code	Transaction ID: R1674274
	Oakdale CT	06370-1149	Amount of Each Receipt this Period
	FEC ID number of contributing		110.00
	federal political committee.		110.00
	Name of Employer Occupa	ation	Payroll Deduction
	Self-employed	nce Agent	
	Receipt For: Aggree	gate Year-to-Date ▼	
	Primary General	440.00	1
	Other (specify) ▼	440.00	
_	Full Name (Last, First, Middle Initial)		+
C.	Mr. Thomas E. Fowler, CLU, LUTCF		Date of Receipt
	Mailing Address 13243 S.E. 51st Place		0 4 1 0 2 0 0 7
	City State	Zip Code	Transaction ID: R1674038
	Bellevue WA	98006	Amount of Each Receipt this Period
	FEC ID number of contributing		107.50
	federal political committee.		
Receipt For: Aggregate		ation	Payroll Deduction
		nce Agent	
		gate Year-to-Date ▼	
	Primary General	430.00	] [
	Other (specify) ▼		1
	<b>-</b>		070.00
s	UBTOTAL of Receipts This Page (optional)	······	270.00
Γ.	OTAL This Deviced (less name this line according to the		
1 1	<b>OTAL</b> This Period (last page this line number only)		

SCHEDULE A (FEC Fo	orm 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 18/55			
TEMIZED RECEIPTS	,	or each category of the	(check only one)			
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17			
Any information copied from such F	Reports and Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Fu		arood or arry pointed committee to	, constructions from each committee.			
1	•	dvisors Political Action Com	mit-			
Full Name (Last, First, Middle In	itial)		Date of Descipt			
Mr. Peter Fulchiron, CLU, LUTCF Mailing Address 411 San Ar	ndreas Drive		Date of Receipt			
			04 10 2007			
City Novato	State CA	Zip Code 94945-1237	Transaction ID: R1674905  Amount of Each Receipt this Period			
FEC ID number of contributing	C	0.10.10.1207	208.00			
federal political committee.	C					
Name of Employer Self-employed	Occupation		Payroll Deduction			
	Insurance					
Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	-			
Other (specify) ▼		832.00				
Full Name (Last, First, Middle In	itial)					
Mr. Thomas M. Hawco, CLU, ChF			Date of Receipt			
Mailing Address 900 Rockhi	urst Drive		04 10 2007			
City	State	Zip Code	Transaction ID: R1674525			
Lincoln	NE	68510-4114	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		42.50			
Name of Employer	Occupation	n	Payroll Deduction			
Self-employed 5	Insurance					
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Other (specify)		210.00				
	0 0	* * * * * * * * * * * * * * * * * * * *	1			
Full Name (Last, First, Middle In Mr. Terry K. Headley, LUTCF, LIC	itial)		Date of Receipt			
Mailing Address 20704 Mea	dow Ridge Dr		0 4 1 0 2 0 0 7			
City	State	Zip Code	Transaction ID: R1672900			
Springfield	NE	68059	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		208.00			
			Payroll Deduction			
Name of Employer Self-employed	Occupation Insurance					
Receipt For:		e Year-to-Date ▼				
Primary General		832.00	1			
Other (specify) ▼	0 0	302.00	1			
SUBTOTAL of Receipts This Page	SUBTOTAL of Receipts This Page (optional)					
CODICIAL OF HOCOIPES THIS FAY						
TOTAL This Period (last page this	s line number only)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 55 (check only one)    X
Ar or	ny information copied from such Reports and Statements in for commercial purposes, other than using the name and	may not be sold or used by any perso address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Financial tee	l Advisors Political Action Com	mit-
, A.	Full Name (Last, First, Middle Initial)  Mr. Albert E. Heiles, Jr.  Mailing Address 206 Summit Circle  City State  Gibsonia PA  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For:  Primary General  Other (specify)  Full Name (Last, First, Middle Initial)  Mr. Robert J. Hollander, LUTCF	15044	Date of Receipt  M M M / 25 / 2007  Transaction ID: R1675492  Amount of Each Receipt this Period  250.00  Credit Card
		68510-4114	Transaction ID: R1673454  Amount of Each Receipt this Period  105.00  Payroll Deduction
<b>D</b> .		89146	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: R1673416  Amount of Each Receipt this Period  60.00  Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)		415.00
Т	OTAL This Period (last page this line number only)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 55
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may ne and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
National Association of Insurance and Finatee	ancial Ac	dvisors Political Action Comr	nit-
Full Name (Last, First, Middle Initial)  A. Ms. April L. Howard			Date of Receipt
Mailing Address 3386 Williamsburg			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City	State	Zip Code	Transaction ID: R1673978
Boise	ID	83706-5320	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		57.00
Name of Employer O Self-employed	Occupation	1	Payroll Deduction
	nsurance		
	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		228.00	
Full Name (Last, First, Middle Initial)  3. Mr. Carl Jim Hughes, CLU, LUTCF			Date of Receipt
Mailing Address 17244 S.W. 112 Place			04 26 7 2007
•	State	Zip Code	Transaction ID: R1675376
<u>Miami</u>	FL	33157	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Self-employed	Occupation nsurance		Credit Card
		Year-to-Date ▼	
Primary General	1 1	500.00	
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial)  Mr. Jerry E. Jensen, LUTCF			Date of Receipt
Mailing Address 190 So. 800 W.			0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1673177
Blackfoot	ID	83221-6132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.40
Self-employed	Occupation nsurance		Payroll Deduction
		Year-to-Date ▼	1
Primary General	1 1	201.60	
Other (specify) ▼	0 0	201.00	
SUBTOTAL of Receipts This Page (optional)		·····	607.40
TOTAL This Period (last page this line number only)		<b>&gt;</b>	

				_
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 55
ıт	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)
	EIVIIZED NECEIP I 3			X 11a 11b 11c 12
				13 14 15 16 17
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add			not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Insurance and Firtee	nancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Terry M. Kaltenbach, CLU, ChFC			Date of Receipt
	Mailing Address 1358 Ahlrich Ave  City State			04 10 2007
			Zip Code	Transaction ID: R1674070
	Encintas	CA	92024-4029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Self-employed 1	Occupation Insurance		Payroll Deduction
			Year-to-Date <b>V</b>	_
	Primary General	7.99.09a.c		1
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Michael L. Kerley, JD			Date of Receipt
	Mailing Address 2901 Telestar Court			04 20 2007
	City	Zip Code	Transaction ID: R1675176	
	Falls Church	VA	22042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		52.25
	Self-employed 1	Occupation Insurance		Check
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	110,00	1
	Other (specify) ▼	0 0	418.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Michael L. Kerley, JD			Date of Receipt
	Mailing Address 2901 Telestar Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1675180
	Falls Church	VA	22042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		52.25
	Solf amployed 1	Occupation Insurance		Check
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 418.00	
s	UBTOTAL of Receipts This Page (optional)			229.50
_			<u> </u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 55 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and F tee			
<b>A</b> .	Full Name (Last, First, Middle Initial) Mr. Michael L. Kerley, JD Mailing Address 2901 Telestar Court City Falls Church FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For:	State VA  C Occupation Insurance Aggregate		Date of Receipt  M M M / 20 / 2007  Transaction ID: R1675191  Amount of Each Receipt this Period  52.25  Check
	Primary General Other (specify) ▼	0 0	418.00	
3.	Full Name (Last, First, Middle Initial) Mr. Roy W. Kern, LUTCF, CLTC  Mailing Address 3775 West Randall Road  City  Springfield  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For: Primary General Other (specify)	State MO  C  Occupation Insurance		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: R1674635  Amount of Each Receipt this Period  60.00  Payroll Deduction
<b>C</b> .	Full Name (Last, First, Middle Initial) Mr. Rhett A. King, LUTCF, CLT Mailing Address Box 141  City Brockport  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For: Primary General Other (specify)	State NY  C  Occupation Insurance Aggregate		Date of Receipt  M M M / 25 / 2007  Transaction ID: R1675341  Amount of Each Receipt this Period  250.00  Check
S	UBTOTAL of Receipts This Page (optional)		<b>)</b>	362.25
T	OTAL This Period (last page this line number on	ıly)	<b>)</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 23 / 55 (check only one)		
			Detailed Summary Page	13 14 15 16 17		
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{}$	NAME OF COMMITTEE (In Full)					
$\rangle$	National Association of Insurance and Firtee	nancial Ad	dvisors Political Action Com	mit-		
۹.	Full Name (Last, First, Middle Initial) Mr. David G. Klemisch, LUTCF			Date of Receipt		
	Mailing Address 2801 26th Ave SW			04 10 2007		
	City	State	Zip Code	Transaction ID: R1673410		
	Fargo	ND	58103	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		51.00		
	Self-employed *	Occupation Insurance		Payroll Deduction		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		204.00			
3.	Full Name (Last, First, Middle Initial) Mr. Kenneth E. Knox, CLU, ChFC			Date of Receipt		
	Mailing Address Unit 9, 10 East St	0 4				
	City	State	Zip Code	Transaction ID: R1674326		
	Providence	RI	02906-3069	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.40		
	Self-employed 1	Occupation Insurance		Payroll Deduction		
	Receipt For:		Year-to-Date ▼			
	Primary General Other (specify) ▼		201.60			
 C.	Full Name (Last, First, Middle Initial) Mr. Lance B. Kolbet, RHU,LUTCF			Date of Receipt		
	Mailing Address 4632 Mountain Park Rd.			04 10 2007		
	City	State	Zip Code	Transaction ID: R1674453		
	Pocatello	<u>ID</u>	83202	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		126.00		
	Self-employed 1	Occupation		Payroll Deduction		
		Insurance	•	$\dashv$		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00			
SUPTOTAL of Descripto This Page (aptional)						
S	JBTOTAL of Receipts This Page (optional)		<b></b>			
_	OTAL This Period (last page this line number only	٨	_			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 55 (check only one)    X
An or	ry information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and I tee	-inancial A	dvisors Political Action Com	mit-
A. 3.	Full Name (Last, First, Middle Initial) Mr. David M. Koll, LUTCF  Mailing Address 1612 S. 152nd Street  City Omaha  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For: Primary General Other (specify)  City Mailing Address 301 Frederick Street  City Waukesha  FEC ID number of contributing federal political committee.	State NE C Occupation Insurance Aggregate State WI C		Date of Receipt  M M / D D / 2007  Transaction ID: R1673877  Amount of Each Receipt this Period  105.00  Payroll Deduction  Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Self-employed  Receipt For:  Primary General Other (specify) ▼	Occupation Insurance Aggregate		Payroll Deduction
Э.	Full Name (Last, First, Middle Initial) Ms. Iris H. Kuwaye Mailing Address 9 Lei St.  City Hilo  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For: Primary General Other (specify)	State HI  C  Occupation Insurance Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: R1675126  Amount of Each Receipt this Period  500.00  Check
s	UBTOTAL of Receipts This Page (optional)			655.40
T	OTAL This Period (last page this line number o	nlv)		

COMEDINE A (EEC Form 2V)				FOR LINE NUMBER: PAGE 25 / 55
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	tomonte may	y not be sold or used by any person	
or	for commercial purposes, other than using the na	ame and add	lress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Insurance and F	inancial Ad	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas R. Laster, RHU			Date of Receipt
	Mailing Address 1713 Elmhurst Ave			04 10 7 2007
	City	State	Zip Code	Transaction ID: R1674761
	Nichols Hills	OK	73120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.40
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General	7 iggi ogalo	Tour to Buto V	1
	Other (specify)		201.60	
				·
В.	Full Name (Last, First, Middle Initial) Mr. Daniel L. Lawrence			Date of Receipt
	Mailing Address 5553 Peters Drive			M M / D D / Y Y Y Y
				04 10 2007
	City	State	Zip Code	Transaction ID: R1673172
	West Bend	WI	53095	Amount of Each Receipt this Period
	FEC ID number of contributing			51.00
	federal political committee.	С		31.00
	Name of Employer	Occupation	`	Payroll Deduction
	Self-employed	Insurance		
	Receipt For:		Year-to-Date ▼	_
	Primary General	Aggregate	Teal to Date V	1
	Other (specify)		204.00	
				· l
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Mark A. Lilliedahl, CLU, ChFC			Date of Receipt
	Mailing Address 11 Pequot Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1675075
	Norwalk	CT	06855-1608	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	Check
	Self-employed		· e Agent	
	Receipt For:	L	Year-to-Date ▼	_
	Primary General	333-10		1
	Other (specify)		250.00	
				1
6	UBTOTAL of Receipts This Page (optional)			351.40
$\vdash$	ODITIAL OF HECCIPIO THIS Fage (optional)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 55			
ITEMIZED RECEIPTS			or each category of the	(check only one)		
••	LIVIIZED HEOLII 13		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17		
Ar	y information copied from such Reports and Staten	nents may	not be sold or used by any perso	n for the purpose of soliciting contributions		
or	for commercial purposes, other than using the name	e and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$\angle$	National Association of Insurance and Finatee	ancial Ad	dvisors Political Action Com	nit- -		
Α.	Full Name (Last, First, Middle Initial) Mr. Robert E. Long, Jr.			Date of Receipt		
Α.	Mailing Address 208 Irving Place			M M / D D / Y Y Y Y		
				04 25 2007		
	City	State	Zip Code	Transaction ID: R1675323		
	Greensboro NC		27408-6510	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		550.00		
	Name of Employer	Occupation	1	Check		
		nsurance	-			
		Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		550.00			
				'		
В.	Full Name (Last, First, Middle Initial) Mr. Lawrence E. Lounds			Date of Receipt		
	Mailing Address 2477 Valley Oaks Circle			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City	State	Zip Code	Transaction ID: R1674862		
	Flint	MI	48532	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		105.00		
	Name of Employer Self-employed	Occupation	1	Payroll Deduction		
		nsurance				
		Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		420.00			
	Guior (opesiny) 🗸	0 0				
<u>С.</u>	Full Name (Last, First, Middle Initial) Mr. Leonard Martin, CSA			Date of Receipt		
U.	Mailing Address 98 Tennyson Rd			M M / D D / Y Y Y Y		
				0 4 1 0 2 0 0 7		
	City	State	Zip Code	Transaction ID: R1673805		
	Warwick	RI	02888	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		50.40		
Name of Employer Solf comployed				D. H.B. L. H.		
		•		Payroll Deduction		
		nsurance		_		
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify)		201.60			
		1 1	0 0 0 0 0 0 0			
9	UBTOTAL of Receipts This Page (optional)			705.40		
$\vdash$	Ciria of Hoodpio Hillo Fago (optional)					
т	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 55					
ITEMIZED RECEIPTS		or each category of the	(check only one)					
••	LIMIZED RESERVED	Detailed Summary Page	X   11a   11b   11c   12   15   16   17					
Ar	y information copied from such Reports and Statements for commercial purposes, other than using the name an	s may not be sold or used by any perso	on for the purpose of soliciting contributions					
V OI		d address of any political committee to	Solicit Contributions from Such Committee.					
	NAME OF COMMITTEE (In Full)  National Association of Insurance and Financi	al Advisora Political Action Com-	mit					
$\angle$	tee	ai Advisors Political Action Comi						
A.	Full Name (Last, First, Middle Initial) Mr. Carl James Maus, LUTCF		Date of Receipt					
	Mailing Address 432 Fort Saratoga		M M / D D / Y Y Y Y					
	01:	7'- 0-4-	04 10 2007					
	City Stat	'	Transaction ID: R1674822					
	Saint Charles MO	63303-1766	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		50.40					
	Name of Employer Occu	oation	Payroll Deduction					
	Self-employed Insur	ance Agent						
		egate Year-to-Date ▼						
	Primary General	201.60						
	Other (specify) ▼	201100						
В.	Full Name (Last, First, Middle Initial) Mr. Dennis R. Merideth, CLU, ChFC		Date of Receipt					
	Mailing Address 6210 N. Camino Pimeria Alta		M M / D D / Y Y Y Y					
			04 10 2007					
	City Stat	e Zip Code	Transaction ID: R1674033					
	<u>Tucson</u> AZ	85718	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		66.00					
			Payroll Deduction					
	Name of Employer Occup Self-employed In a con-		1 dyron beddellon					
	Insur	ance Agent egate Year-to-Date ▼	_					
	Receipt For: Aggree Primary General	egate real-to-Date V	1					
	Other (specify)	264.00						
C.	Full Name (Last, First, Middle Initial) Mr. David A. Middaugh, CLU, AEP		Date of Receipt					
	Mailing Address 3273 Evergreen Road		M M / D D / Y Y Y Y					
	City Stat	e Zip Code	0 4 1 0 2 0 0 7  Transaction ID: R1674820					
	Fargo ND	58102-1214	Amount of Each Receipt this Period					
	FEC ID number of contributing							
	federal political committee.		126.00					
	Name of Employer Occup	oation	Payroll Deduction					
		ance Agent						
		egate Year-to-Date ▼						
	Primary General	504.00						
	Other (specify) ▼		1					
			747 411					
s	UBTOTAL of Receipts This Page (optional)	<u> </u>	242.40					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 55 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	r not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Finar tee	ncial Ac	dvisors Political Action Com	nit-
<b>A.</b>	Chesterfield  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Oct Institute	ccupation surance		Date of Receipt  M M M / 20 / 2007  Transaction ID: R1675138  Amount of Each Receipt this Period  500.00  Check
3.	Bellingham  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Oct Institute	ccupation surance		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: R1672451  Amount of Each Receipt this Period  60.00  Payroll Deduction
<b>-</b>	Weston F FEC ID number of contributing federal political committee.  Name of Employer Self-employed Octans	ccupation surance		Date of Receipt  M M M / 10 / 2007  Transaction ID: R1674448  Amount of Each Receipt this Period  50.00  Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)		<b>)</b>	610.00
Т	OTAL This Period (last page this line number only)		<b>)</b>	

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 29 / 55
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u></u>	NAME OF COMMITTEE (In Full)		and the state of t	
$ \rangle$	National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
<u></u>	Full Name (Last, First, Middle Initial)			1
A.	Mr. Martin Montefel, CLU			Date of Receipt
	Mailing Address 16932 SW 5th Way			04 25 2007
	City	State	Zip Code	Transaction ID: R1675485
	Weston	FL	33326-1564	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupation	1	Credit Card
	Self-employed	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		400.00	
	Other (specify) ▼	0 0	100.00	
В.	Full Name (Last, First, Middle Initial)			Data of Descipt
Ь.	Mr. Robert J. Morales, LUTCF, CLT  Mailing Address 1125 Wyoming Avenue			Date of Receipt
	Walling Address 1125 Wyoffling Avenue			04 10 2007
	City	State	Zip Code	Transaction ID: R1672338
	Reno	NV	89503-3342	Amount of Each Receipt this Period
	FEC ID number of contributing	C		60.00
	federal political committee.	0		
	Name of Employer Self-employed	Occupation	ı	Payroll Deduction
		Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	
	Cities (Specify)			
<u> </u>	Full Name (Last, First, Middle Initial) Mr Joseph L Morton, III,JD			Date of Receipt
	Mailing Address 5487 N. Bach			M M / D D / Y Y Y Y
	City	State	Zip Code	0 4 1 0 2 0 0 7  Transaction ID: R1671343
	Meridian	ID	83642	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	
	federal political committee.	С		Payroll Deduction
	Name of Employer Self-employed	Occupation		1 ayron Deduction
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	$\dashv$
	Primary General	Aggregate	Tour to Date ▼	
	Other (specify)		504.00	
				202.22
s	UBTOTAL of Receipts This Page (optional)			236.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 55
ITEMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial)  A. Mr. Warren K. Nelson, MA,LUTCF			Date of Receipt
Mailing Address 575 Lincoln Ave Suite 2	 215		M M / D D / Y Y Y Y
		Zin Code	04 09 2007
City Napa	State CA	Zip Code 94558-3631	Transaction ID: R1675012  Amount of Each Receipt this Period
FEC ID number of contributing			500.00
federal political committee.	C		
Name of Employer Self-employed	Occupation		Credit Card
	Insuranc		_
Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial)			_
Mr. Frank R. Nolimal, CLU, ChFC,			Date of Receipt
Mailing Address 2017 Grafton Ave			0 4 1 0 2 0 0 7
City	State	Zip Code	Transaction ID: R1674734
Henderson	NV	89014	Amount of Each Receipt this Period
FEC ID number of contributing	С	1 1 1 1 1	60.00
federal political committee.	9		
Name of Employer Self-employed	Occupation		Payroll Deduction
Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
Primary General	Aggregate		1
Other (specify)		240.00	
Full Name (Last, First, Middle Initial)			
Mr. Brian E. O'Brien, CLU,ChFC,L			Date of Receipt
Mailing Address 1651 Wolf Run Dr.			0 4 1 0 2 0 0 7
City	State	Zip Code	Transaction ID: R1671964
Richfield	WI	53076	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
<u> </u>	Oocupatia.	n	Payroll Deduction
Name of Employer Self-employed	Occupation		
Receipt For:		e Year-to-Date ▼	7
Primary General		222.00	1
Other (specify) ▼	0 0		1
OUDTOTAL ACTION TO BE A CORE			620.00
SUBTOTAL of Receipts This Page (optional)		······	
TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 55
	ED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any inform	nation copied from such Reports and Sta	tements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	OF COMMITTEE (In Full)	a a	are or any point our committee to	
\	nal Association of Insurance and F	inancial A	dvisors Political Action Com	nit-
	ame (Last, First, Middle Initial) liam T. O'Donnell, MSFS			Date of Receipt
Mailing	Address 1225 Somerset			0 4 1 6 2 0 0 7
City		State	Zip Code	Transaction ID: R1675056
<u>Glenv</u>	riew	IL	60025-3152	Amount of Each Receipt this Period
	number of contributing political committee.	C		250.00
Name (	of Employer	Occupation	1	Check
Sell-el	nployed	Insurance		
Receip		Aggregate	e Year-to-Date ▼	
	Primary General  Other (specify) ▼		250.00	
	ame (Last, First, Middle Initial) nes W. Oglesby, LUTCF			Date of Receipt
Mailing	Address P. O. Box 7156			04 10 7 2007
City		State	Zip Code	Transaction ID: R1674649
<u>Ashev</u>	<u>ville</u>	NC	28802-7156	Amount of Each Receipt this Period
	O number of contributing political committee.	C		143.00
Name ( Self-er	of Employer nployed	Occupation Insurance		Payroll Deduction
Receip	ot For:		e Year-to-Date ▼	
	Primary General	33 - 3		1
	Other (specify)	0 0	572.00	
	ame (Last, First, Middle Initial) rtin F. Palumbos, CLU, ChFC,			Date of Receipt
	Address 87 Parkside Lane			0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: R1675330
Roche	ester	NY	14612-3231	Amount of Each Receipt this Period
	O number of contributing political committee.	С		250.00
Name ( Self-er	of Employer nployed	Occupation		Check
Receip	t For:		e Year-to-Date ▼	1
	Primary General		250.00	
	Other (specify) ▼	0 0	250.00	
SUBTOT	AL of Receipts This Page (optional)			643.00
TOTAL	This Period (last page this line number or	ıly)	<b>&gt;</b>	
<b></b>		,,		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 55 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar or	ny information copied from such Reports and Statements for commercial purposes, other than using the name and	s may not be sold or used by any pers d address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Financiatee	al Advisors Political Action Con	nmit-
A	Full Name (Last, First, Middle Initial) Mr. Joseph S. Pantozzi, CLU, ChFC Mailing Address PO Box 95063  City State Las Vegas NV  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Occup Insur-	89193	Date of Receipt    M M M
5.	Mailing Address 417 Baldwin  City State Birmingham MI  FEC ID number of contributing federal political committee.  Name of Employer Self-employed Occup Insur.	48009-3805	Transaction ID: R1675027  Amount of Each Receipt this Period  600.00  Check
<b>D.</b>	- · · · · · · · · · · · · · · · · · · ·	23229	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		710.00
Т	OTAL This Period (last page this line number only)		<b>L</b>

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 55 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	ly information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Finatee	ancial Ad	dvisors Political Action Com	mit-
Α.	Name of Employer Self-employed	State CO  C  Description  C  Description  C  Aggregate	e Agent Year-to-Date ▼	Date of Receipt  M M M / 25 / 2007  Transaction ID: R1675321  Amount of Each Receipt this Period  250.00  Check
	Other (specify) ▼  Full Name (Last, First, Middle Initial)	0 0	250.00	
3.	Mr. Brian R. Phares, LIC, RFC  Mailing Address 1420 Hackberry Road  City	State	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	North Platte  FEC ID number of contributing federal political committee.	NE C	69101-6841	Amount of Each Receipt this Period 47.50
	Self-employéd I	Occupation nsurance Aggregate		Payroll Deduction
<b>D</b> .	Full Name (Last, First, Middle Initial) Mr. R. Jan Pinney, CLU, ChFC, Mailing Address 5152 Ellington Court			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1673888
	Granite Bay  FEC ID number of contributing federal political committee.	CA	95746-7188	Amount of Each Receipt this Period  208.00
	Self-employed 1	Occupation nsurance Aggregate		Payroll Deduction
	Primary General Other (specify) ▼	55 - 9-10	832.00	
s	UBTOTAL of Receipts This Page (optional)		·····	505.50
T	OTAL This Period (last page this line number only)	)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 55
	ITEMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12
Δ,	w information assign from such Benerte and State	omonto mov	, not be cold or used by any nore	13 14 15 16 17
or	ly information copied from such Reports and State for commercial purposes, other than using the na	me and add	dress of any political committee to	osolicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Financia tee		dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Henry L Prien, CLU, LUTCF			Date of Receipt
	Mailing Address 415 38th St S Ste E			04 10 2007
	City	State	Zip Code	Transaction ID: R1674703
	Fargo	ND	58103-1190	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.40
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General			7
	Other (specify) ▼		202.80	
В.	Full Name (Last, First, Middle Initial) Mr. August P. Richter, IV,LUTCF,			Date of Receipt
υ.	Mailing Address 401 Wild Oak Drive			M M / D D / Y Y Y Y
				04 10 2007
	City	State	Zip Code	Transaction ID: R1672035
	Manitowoc	WI	54220-9054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.40
	Name of Employer	Occupation	<u> </u>	Payroll Deduction
	Name of Employer Self-employed	Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General		001.00	1
	Other (specify) ▼		201.60	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Robert M. Roach, CLU, ChFC			Date of Receipt
	Mailing Address 1287 Harrison Pond Driv	e		M M / D D / Y Y Y Y
	-	State		04 10 2007
	City		Zip Code	Transaction ID: R1674118
	New Albany	ОН	43054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		117.50
			n e Agent	Payroll Deduction
			Year-to-Date ▼	_
			470.00	1
	Other (specify)	0 0	470.00	
	IIPTOTAL of Doccinto This Docc (antique)			218.30
L	UBTOTAL of Receipts This Page (optional)			
_	OTAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 55
	ITEMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X   11a   11b   11c   12
_				13 14 15 16 17
or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may me and add	ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\angle$	National Association of Insurance and Fir tee	nancial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Daniel L. Rust, LUTCF			Date of Receipt
	Mailing Address 114 W. Arnold			04 10 2007
	City	State	Zip Code	Transaction ID: R1673924
	Bozeman	MT	59715-6129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Self-employed 1	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General	199.194.11		1
	Other (specify) ▼	0 0	240.00	
В.	Full Name (Last, First, Middle Initial) Mr. Daniel J. Scholz, CLU, ChFC			Date of Receipt
	Mailing Address 1510 So. 183 Circle	04 10 7 2007		
	City	State	Zip Code	Transaction ID: R1674661
	<u>Omaha</u>	NE	68130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		62.50
	Salf-amployed	Occupation		Payroll Deduction
		Insurance		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify) ▼		250.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. Walter J. Scott, CLU			Date of Receipt
	Mailing Address 1022 WASHINGTON AVE	≣.		04 10 2007
	City	State	Zip Code	Transaction ID: R1674061
	OSHKOSH	WI	54901-5354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.40
	Self-employed 1	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		201.60	]
s	UBTOTAL of Receipts This Page (optional)			172.90
  -	OTAL This Period (last page this line number only	/)	·	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 55
	ITEMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Δr	w information copied from such Reports and Sta	otomonte may	y not be sold or used by any perso	•
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	name and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and F tee	inancial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. James John Silbernagel, LUTCF,CFP			Date of Receipt
	Mailing Address W 2329 Capital Drive			04 10 2007
	City	State	Zip Code	Transaction ID: R1672565
	Campbellsport	WI	53010-3010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			60.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	240.00	
	Full Name (Last, First, Middle Initial)			Data of Danairst
В.	Mr. Ken Simons, CLU, ChFC, Mailing Address 808 Thoroughbred Lane	<u> </u>		Date of Receipt
	Walling Address 800 Thoroughbred Lane	04 10 2007		
	City	Zip Code	Transaction ID: R1674155	
	Artesia	NM	88210-2232	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.10
				Payroll Deduction
	Name of Employer Self-employed	Occupation		Taylon Boddonon
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	
	Primary General	riggregate		1
	Other (specify)	0 0	200.40	
	Full Name (Last, First, Middle Initial)			
C.	Mr. H. Dan Smith, CLU, LUTCF			Date of Receipt
	Mailing Address 1616 Rio Vista			04 10 2007
	City	State	Zip Code	Transaction ID: R1673929
	Dallas	TX	75208-2338	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		210.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General		000.00	1
	Other (specify)		990.00	1
	LIPTOTAL of Doggieto This David (autisms)			320.10
S	UBTOTAL of Receipts This Page (optional)			
_	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 55							
	EMIZED RECEIPTS		or each category of the	(check only one)							
••	EMIZED REGEN 10		Detailed Summary Page	X   11a   11b   11c   12   15   16   17							
Δr	w information copied from such Poports and Sta	stomonte may	y not be cold or used by any perce								
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full)										
	National Association of Insurance and F tee	Financial Ad	dvisors Political Action Com	mit-							
A.	Full Name (Last, First, Middle Initial) Mr. Russell A. Smith			Date of Receipt							
	Mailing Address 22928 San Joaquin Driv	e East		04 10 2007							
	City	State	Zip Code	Transaction ID: R1673953							
	Canyon Lake	CA	92587-7831	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		208.00							
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction							
	Receipt For:		Year-to-Date ▼	_							
	Primary General			1							
	Other (specify) ▼	0 0	832.00								
— В	Full Name (Last, First, Middle Initial)			Data of Bassist							
В.	Mr. David E. Smithkey, CLU, RFC  Mailing Address 9451 Heddy Drive			Date of Receipt							
	——————————————————————————————————————			04 10 2007							
	City	State	Zip Code	Transaction ID: R1673975							
	Flushing	MI	48433	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		208.00							
	Tederal political committee.			Payroll Deduction							
	Name of Employer Self-employed	Occupation		Payron Deduction							
		Insurance									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		832.00								
	cana (epana)) •	0 0									
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Nicholas John Stosic			Date of Receipt							
	Mailing Address 9820 Dixon Lane			M M / D D / Y Y Y Y							
				04 10 2007							
	City	State	Zip Code	Transaction ID: R1674573							
	Reno	NV	89511-9455	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		126.00							
	Name of Employer Self-employed Incurs		n e Agent	Payroll Deduction							
		Year-to-Date ▼	_								
	Primary General		50400	1							
	Other (specify)		504.00	]							
	l			542.00							
S	UBTOTAL of Receipts This Page (optional)		<b>)</b>	342.00							
_	OTAL This Period (last page this line number o	nlv)									

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 55							
	EMIZED RECEIPTS		or each category of the	(check only one)							
••	EMIZED RESERVES		Detailed Summary Page	X   11a   11b   11c   12   15   16   17							
Δr	ny information copied from such Poports and Stat	omonte may	not be cold or used by any perc	<del> </del>							
or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ame and ado	lress of any political committee to	osolicit contributions from such committee.							
$\setminus$	NAME OF COMMITTEE (In Full)										
	National Association of Insurance and Fitee	nancial Ad	dvisors Political Action Com	mit-							
A.	Full Name (Last, First, Middle Initial) Mr. David L. Stratton, CLU, ChFC,			Date of Receipt							
	Mailing Address 13115 Beach Cir.			04 10 2007							
	City	State	Zip Code	Transaction ID: R1674433							
	Anchorage	AK	99515-3748	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		105.00							
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction							
	Receipt For:		Year-to-Date ▼								
	Primary General			1							
	Other (specify) ▼		420.00								
В.	Full Name (Last, First, Middle Initial) Mr. Steven M. Stratton, LUTCF, CSA			Date of Receipt							
	Mailing Address 17131 Parkview Dr			M M / D D / Y Y Y Y							
				04 10 2007							
	City	State	Zip Code	Transaction ID: R1672316							
	Morgan Hill	CA	95037-6606	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		105.00							
	·			Payroll Deduction							
	Name of Employer Self-employed	Occupation Insurance		. ayren zesasaan							
	Receipt For:		Year-to-Date <b>V</b>	_							
	Primary General	riggrogato		1							
	Other (specify) ▼	0 0	420.00								
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Robert A. Styrkowicz, CLU, LUTCF			Date of Receipt							
Ο.	Mailing Address 25 Monterey Drive			M M / D D / Y Y Y Y							
				04 10 2007							
	City	State	Zip Code	Transaction ID: R1672480							
	Vernon Hills	IL	60061-2332	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Occupation Insurance			56.50							
				Payroll Deduction							
			Year-to-Date ▼								
	Primary General		000.00	1							
	Other (specify)		226.00	1							
	IIRTOTAL of Receipts This Rese (antional)			266.50							
$\vdash$	UBTOTAL of Receipts This Page (optional)										
_	OTAL This Period (last page this line number on	lv)									

SCHEDIII E A /EEC Form 2V)				FOR LINE NUMBER: PAGE 39 / 55						
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)						
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12						
			Detailed Summary Page	13 14 15 16 17						
Ar	ry information copied from such Reports and Sta	tements may	y not be sold or used by any perso							
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.						
abla	NAME OF COMMITTEE (In Full)									
$\rangle$	National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-						
Α.	Full Name (Last, First, Middle Initial) Mr. Richard H. Sullenger			Date of Receipt						
	Mailing Address 3014 20th Street			04 09 7 2007						
	City	State	Zip Code	Transaction ID: R1675013						
	Bakersfield	CA	93301-3127	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of European	10		Credit Card						
	Name of Employer Self-employed	Occupation								
	Receipt For:	Insurance								
	Primary General	Aggregate	e Year-to-Date ▼	,						
	Other (specify)		500.00							
	c (c.p.co), \psi	0 0	0 0 0 0 0 0 0	1						
В.	Full Name (Last, First, Middle Initial) Mr. Dennis P. Sunderman, CSA			Date of Receipt						
	Mailing Address 2325 Jeans Ct			M M / D D / Y Y Y Y						
				04 10 2007						
	City	State	Zip Code	Transaction ID: R1672201						
	Signal Hill	CA	90755	Amount of Each Receipt this Period						
	FEC ID number of contributing			105.00						
	federal political committee.	C		103.00						
	Name of Employer	Occupation	า	Payroll Deduction						
	Self-employed	Insurance								
	Receipt For:		Year-to-Date ▼							
	Primary General	33 -3		1						
	Other (specify) ▼		420.00							
C.	Full Name (Last, First, Middle Initial) Mr. Christopher J. Taggart			Date of Receipt						
	Mailing Address P.O. Box 2936			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID: R1675474						
	Cody	WY	82414-2936	Amount of Each Receipt this Period						
	FEC ID number of contributing			050.00						
	federal political committee.	C		250.00						
	Name of Employer	Occupation	า	Credit Card						
	Self-employed	Insurance	e Agent							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		400.00	1						
	Other (specify)		400.00							
_										
				855.00						
S	UBTOTAL of Receipts This Page (optional)	·····	······································	655.00						

TOTAL This Period (last page this line number only) .....

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 55 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar or	ly information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Finatee	ancial Ad	dvisors Political Action Com	nit-
<b>A</b> .	Full Name (Last, First, Middle Initial) Mr. Matthew S. Tassey  Mailing Address 5 Reggio Ave.  City Old Orchard Beach  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Ir	State ME Coccupation surance		Date of Receipt  M M J D D J Z D D Z Z D D Z  Transaction ID: R1674917  Amount of Each Receipt this Period  72.00  Payroll Deduction
3.	Des Moines  FEC ID number of contributing federal political committee.  Name of Employer Self-employed Ir  Receipt For:  Primary General	State IA C C C C C C C C C C C C C C C C C C		Date of Receipt  M M / 10 / 2007  Transaction ID: R1671835  Amount of Each Receipt this Period  50.40  Payroll Deduction
<b>C</b> .	Clifton  FEC ID number of contributing federal political committee.  Name of Employer Self-employed Ir	State VA C Cccupation	Zip Code 20124	Date of Receipt  M M M / 10 / 2007  Transaction ID: R1671591  Amount of Each Receipt this Period  50.40  Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)			172.80
T	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 55						
ITEMIZED RECEIPTS		or each category of the	(check only one)						
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17						
Any information copied from such Reports and States or for commercial purposes, other than using the nan	ments may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)		are or any pointed committee to							
National Association of Insurance and Fin	ancial A	dvisors Political Action Com	nit-						
Full Name (Last, First, Middle Initial)  A. Mr. Daniel J. Wells, LUTCF			Date of Receipt						
Mailing Address 18830 Los Hermanos Ran	nch Rd		M M / D D / Y Y Y Y						
City	State	Zip Code	0 4 1 0 2 0 0 7  Transaction ID: R1672362						
Valley Center	CA	92082-6808	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		45.00						
Name of Employer	Occupation	1	Payroll Deduction						
Self-employed	Insurance	e Agent							
	Aggregate	e Year-to-Date ▼							
Primary General Other (specify) ▼		280.00							
Full Name (Last, First, Middle Initial)  3. Mr. Robert J. Wernecke, CLU			Date of Receipt						
Mailing Address 10456 North 134th Way			04 13 7 2007						
City	State	Zip Code	Transaction ID: R1675032						
Scottsdale	AZ	85259	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		600.00						
Self-employed	Occupation Insurance		Check						
		e Year-to-Date ▼	-						
Primary General	33 13								
Other (specify)	0 0	600.00							
Full Name (Last, First, Middle Initial)  Mr. Lester E. Westgard, CLU			Date of Receipt						
Mailing Address 2714 26th Ave SW			0 4 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City	State	Zip Code	Transaction ID: R1671951						
Fargo	ND	58103-5006	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		60.00						
Self-employed	Occupation Insurance		Payroll Deduction						
		e Year-to-Date ▼							
Primary General	-	240.00							
Other (specify)	0 0	240.00							
SUBTOTAL of Receipts This Page (optional)			705.00						
TOTAL This Period (last page this line number only	·)	<b>&gt;</b>							

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 / 55
TEMIZED RECEIPTS		or each category of the	(check only one)
TI LIMIZED TIEGEII 13		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Any information conicd from such Banasta and S	totomonto mo	unot be cold or used by any perce	
Any information copied from such Reports and S or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial)			Data of Bassist
A. Mr. Boyd Lee Williams  Mailing Address 7023 W. Williamette A			Date of Receipt
Walling Address 7023 W. Williamette A	ve		04 10 2007
City	State	Zip Code	Transaction ID: R1672277
Kennewick	WA	99336-1280	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		105.00
Name of Employer	Occupatio	_	Payroll Deduction
Self-employed	Insuranc		
Receipt For:		e Year-to-Date ▼	
Primary General			1
Other (specify)		420.00	
Full Name (Last, First, Middle Initial)  Mr. Cliff F. Wilson, CLU, ChFC,			Date of Receipt
Mailing Address 1458 W. Bahia Court			04 10 2007
City	State	Zip Code	Transaction ID: R1671806
Gilbert	AZ	85233	Amount of Each Receipt this Period
FEC ID number of contributing		00200	
federal political committee.	C		126.00
Name of Employee	10		Payroll Deduction
Name of Employer Self-employed	Occupatio Insuranc		
Receipt For:		e Year-to-Date <b>V</b>	-
Primary General	1.99.19		1
Other (specify)		504.00	
Full Name (Last, First, Middle Initial)			
Mr. Larry J. Winkelhake, CLU, ChFC			Date of Receipt
Mailing Address 18600 Longview Ct			0 4 1 0 2 0 0 7
City	State	Zip Code	Transaction ID: R1674042
Brookfield	WI	53045	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	С		90.00
Name of Employer	Occupatio	<u> </u>	Payroll Deduction
Self-employed		e Agent	
Receipt For:		e Year-to-Date ▼	7
Primary General		000.00	1
Other (specify) ▼		360.00	
	l		
SUBTOTAL of Receipts This Page (optional)		·····	321.00
TOTAL This Period (last page this line number	only)	<b>)</b>	

Other (specify)

PAGE 43 / 55 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Insurance and Financial Advisors Political Action Commit-Full Name (Last, First, Middle Initial) Mr. Peter J. Worth Date of Receipt Mailing Address 845 United Nations Plaza # 65A 0.4 03 2007 City State Zip Code Transaction ID: R1674970 New York NY 10017 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Check Name of Employer Self-employed Occupation Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Edward A. Zabielski, Jr. Date of Receipt Mailing Address 104 Clay Ct. 0.4 10 2007 City Zip Code State Transaction ID: R1674891 Landenberg PA 19350 Amount of Each Receipt this Period FEC ID number of contributing C 105.00 federal political committee. Payroll Deduction Name of Employer Self-employed Occupation Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General

420.00

SUBTOTAL of Receipts This Page (optional)	•	605.00
TOTAL This Period (last page this line number only)	<u> </u>	18093.95

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	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE	NUMBER:	PAGE 44 / 55					
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b	24 28c	25 29	26 30b			
	y Information copied from such Reports and State for commercial purposes, other than using the nar									
$\rangle$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Fittee	nancial Advisors Political Ac	tion Commi	it-						
۹.	Full Name (Last, First, Middle Initial) First Union Bank  Mailing Address One First Union Center			Transaction ID: Date of Disbursem	nent	( 0 0 7 °	]			
	City Charlotte Purpose of Disbursement Bank Charges Candidate Name	State Zip Code NC 28288-1164	Category/ Type	Amount of Each D	isbursemer	t this Per	-			
	Office Sought:    House   Disburs	ement For: Primary General Other (specify)								

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	538.52
TOTAL This Period (last page this line number only)	<b>—</b>	538.52

SCIEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check only		NUMBER: PAGE 45 / 55 v one)					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21k		22 X 28a	23 28b	24 28c	П	25 29	26 30b
Any Information copied from such Reports and Staten									
or for commercial purposes, other than using the nam	e and address of any political co	ommittee to	SOLICIT	contribu	tions tro	m such	comm	ittee	
NAME OF COMMITTEE (In Full)  National Association of Insurance and Finatee	ancial Advisors Political Ac	tion Com	ımit-						
Full Name (Last, First, Middle Initial)			1	ransact	ion ID:	D9274			
Chabot for Congress			!	Date of D					
Mailing Address 105 West Fourth Street,	Room 1133			04	<sup>′</sup> 2	<b>4</b> /	ž	0 ŏ 7	Y
City	State Zip Code		-	Amount o	of Each	Disburse	ement	this P	eriod
Cincinnati	OH 45202		_				1/	0.00	0
Purpose of Disbursement Contr. Steve Chabot (OH-1-R-US House)	[		]   '		•		11	J00.0	0
Candidate Name Steve Chabot		Category/ Type							
X	ement For: 2008 Primary General Other (specify)								
Full Name (Last, First, Middle Initial)				_					
3. Citizens for Action				ransact Date of D	isburse	ment			
Mailing Address PO Box 1535				04	<sup>′</sup> 2	5 /	ž	0 Ď 7	Y
City Wilkes-Barre	State Zip Code PA 18703		,	Amount o	of Each	Disburse			-
Purpose of Disbursement Contr. Citizens for Action PAC (PAC to							50	0.000	0
Candidate Name		Category/ Type							
Office Sought: House Disburse Senate President X State: District: Annual	ement For: 2007 Primary General Other (specify)		F	AC)					
Full Name (Last, First, Middle Initial)									
Committee to Elect Artur Davis to Congres	s			Transact Date of D	isburse	ment		* W *	V.
Mailing Address P.O. Box 1845				0 4	1	8 /	' <u>2</u>	0 Ď 7	
City Birmingham	State Zip Code AL 35201		,	Amount o	of Each	Disburse	ement	this P	eriod
Purpose of Disbursement Contr. Artur Davis (AL-7-D-US House)		0 0					50	0.000	0
Candidate Name Artur Davis		Category/ Type							
	ment For: 2008 Primary General Other (specify)								
SUBTOTAL of Disbursements This Page (optional)			 •	•		• •	110	0.00	0
age (optional)		1	- ¦	-	-		-	-	
TOTAL This Period (last page this line number only)		1	•						

<b>5</b> (	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)	FOR LINE		R:	P/	AGE 4	46 / 55	<u> </u>
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on 21b 27	22 28a	X 23 28b	24 28c		25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								
$\rangle$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Finatee	•							
۹.	Full Name (Last, First, Middle Initial) Committee to Elect Lincoln Davis  Mailing Address PO Box 350			Date	saction ID: of Disburso		ž	) 0 7 <sup>°</sup>	7
				0 1				, 0 ,	
	•	State Zip Code TN 38556		Amou	int of Each	Disburse	ement t	his Pe	riod
	Purpose of Disbursement Contr. Lincoln Davis (TN-4-D-US House)			L.			25	00.00	)
	Candidate Name Lincoln Davis		egory/ ype						
		ment For: 2008 Primary General Other (specify)							
_	Full Name (Last, First, Middle Initial)			Trans	action ID:	: D9284			
5.	Congressman Bart Gordon Committe				of Disburs		Y Y	Y Y	7
	Mailing Address P.O. Box 2008			0 4	2	25 /	2 (	) Ď 7 <sup>°</sup>	
	•	State Zip Code TN 37133		Amou	int of Each	Disburse	ement t	his Pe	riod
	Purpose of Disbursement Contr. Bart Gordon (TN-6-D-US House)			L.			25	500.00	)
	Candidate Name Bart Gordon		egory/ ype						
		ment For: 2008 Primary General Other (specify)							
_	Full Name (Last, First, Middle Initial)			Trans	action ID:	 : D9278			
<b>)</b> .	Friends of Dave Reichert			Date of	of Disburs	ement	v	V ° V	
	Mailing Address P.O. Box 53322			0 <sup>M</sup> 4		24	20	) Ď 7 Ť	
	•	State Zip Code WA 98015		Amou	int of Each	Disburse			-
	Purpose of Disbursement Contr. David George Reichert (WA-8-R-US			L.			10	00.00	)
	Candidate Name David George Reichert		egory/ ype						
		ment For: 2008 Primary General Other (specify)		House	e)				
S	UBTOTAL of Disbursements This Page (optional) .		 •				60	00.00	
	OTAL This Period (last page this line number only)								

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check		UMBEK:		L PA	AGE 4	/ / 55	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	218 27	<u></u>	· –	X 23 28b	24 28c	$\boldsymbol{\vdash}$	5 9	26 30b
Any Information copied from such Reports and Statem									
or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	and address of any political co	ommittee to	o Solic	it Contribi	utions ire	om such (	COMMINIC	iee	
National Association of Insurance and Finatee	ncial Advisors Political Ac	tion Con	nmit-						
Full Name (Last, First, Middle Initial)				Transac	tion ID:	D9263			
Friends of Senator Rockefeller				Date of			, , , ,	V ° V	1
Mailing Address PO Box 1909				0 4	1	8 / \	20	ŏ7 <sup>°</sup>	
	State Zip Code WV 25327			Amount	of Each	Disburse	ement th	nis Per	riod
Purpose of Disbursement	Г		7				10	00.00	
Contr. John D. Rockefeller, IV (WV-D-US  Candidate Name		Cotogony	Щ						
John D. Rockefeller, IV	'	Category/ Type							
	ment For: 2008 Primary General			Senate)					
X Senate X President	Primary General Other (specify) ▼								
State: WV District:									
Full Name (Last, First, Middle Initial)				Transac					
Geoff Davis for Congress				Date of	/ D	D / Y	/ · Y	Y Y	1
Mailing Address 3161 Dixie Highway Suite F				0 4	2	4	2 0	ŏ 7 <sup>×</sup>	
,	State Zip Code KY 41018			Amount	of Each	Disburse	ement th	nis Per	riod
Purpose of Disbursement			7				25	00.00	
Contr. Geoffrey Davis (KY-4-R-US House)  Candidate Name		0-1/							
Geoffrey Davis		Category/ Type							
Office Sought: X House Disburse									
Senate X President	Primary General Other (specify)								
State: KY District: 04	Cario (openily)								
Full Name (Last, First, Middle Initial)						D9257			
Grassley Committee				Date of			/ Y .	Y _ Y	1
Mailing Address PO Box 1000				0 4	1	2 /	20	ŏ7 <sup>°</sup>	
,	State Zip Code IA 50304			Amount	of Each	Disburse	ement th	nis Per	riod
Purpose of Disbursement Contr. Charles E. Grassley (IA-R-US	1		1				10	00.00	
Candidate Name	L	Category/	-						
Charles E. Grassley	2010	Туре							
Office Sought: House Disburse X Senate X	ment For: 2010 Primary General			Senate)					
President	Other (specify) ▼								
State: IA District:									
SUBTOTAL of Disbursements This Page (optional) .			<u> </u>				450	00.00	
TOTAL This Period (last page this line number only)			<b>•</b>						

<u>ا</u> ر	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)		E NUMBE	:R:	P	AGE 48	/ 55
Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on 21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name							
$\rangle$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Finatee							
۹.	Full Name (Last, First, Middle Initial) Hayes for Congress  Mailing Address Post Office Box 2000			Date	saction ID of Disburs		Ý Ž O Ŏ	7 Y
	,	State Zip Code NC 28026		Amou	int of Each	Disburse	ement this	Period
	Purpose of Disbursement Contr. Robin C. Hayes (NC-8-R-US House)			L.			1000	0.00
	Candidate Name Robin C. Hayes		tegory/ ype					
		ement For: 2008 Primary General Other (specify)						
<b>-</b>	Full Name (Last, First, Middle Initial)			Trans	saction ID	: D9272		
Э.	Heath Shuler for Congress				of Disburs	D /	Y Y Y	Υ
	Mailing Address PO Box 8446			0 4	2	2 4	žoŏ	7
	,	State Zip Code NC 28814		Amou	int of Each	Disburse	ement this	Period
	Purpose of Disbursement Contr. Heath Shuler (NC-11-D-US House)						2500	0.00
	Candidate Name Heath Shuler		tegory/ ype					
	9 17	ement For: 2008 Primary General Other (specify)						
Э.	Full Name (Last, First, Middle Initial) Heather Wilson for Congress				saction ID of Disburs			
	Mailing Address P.O. Box 14070			0 <sup>M</sup> 4	M / D	24	žoŏ	7 <sup>Y</sup>
	,	State Zip Code NM 87191		Amou	ınt of Each	Disburse	ement this	Period
	Purpose of Disbursement Contr. Heather A. Wilson (NM-1-R-US			L.			1000	0.00
	Candidate Name Heather A. Wilson		tegory/ ype					
	9 17	ement For: 2008 Primary General Other (specify)		Hous	e)			
s	UBTOTAL of Disbursements This Page (optional) .		 ▶				4500	.00
	OTAL This Period (last page this line number only)							
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S	CHEDULE B (FEC Form 3X)	Use sene	erate schedule(s)	FOR LINE NUMBER: PAGE			49 / 5	55			
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page		(check on 21b 27	22 28a	X 23 28b	24 28c	П	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name										5
$\left.\right\rangle$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Finatee							ioni sacii (	501111		
	Full Name (Last, First, Middle Initial)					Trans	action ID	: D9276			
۹.	Jim Gerlach for Congress Committee						of Disburs	sement			
	Mailing Address 911 Welsh Ayres Way					0 <sup>M</sup> 4	M / D	24	ž	0 ŏ 7	Y
	City Downingtown	State PA	Zip Code 19335			Amou	nt of Eacl	n Disburse			-
	Purpose of Disbursement Contr. James W. Gerlach (PA-6-R-US					L.			. 2	0.000.0	00
	Candidate Name James W. Gerlach				ategory/ Type						
	Senate X President	ement For: Primary Other (spe	2008 General			House	e)				
	State: PA District: 06  Full Name (Last, First, Middle Initial)										
3.	John Sarbanes for Congress					Date	action ID of Disburs	: D9255 sement	/ ° V	V *	V
	Mailing Address PO Box 6854					0 4	W / D	0 3 /	2	0 ŏ 7	
	City Towson	State MD	Zip Code 21285			Amou	nt of Eacl	n Disburse			-
	Purpose of Disbursement Returned Check #11919 dated 10/18/2006								-2	:500.0	00
	Candidate Name John P. Sarbanes				ategory/ Type						
	Office Sought:  X House Senate President State: MD District: 03	ement For: Primary Other (spe	2006 X General			for Jo 3-D).	hn P. Sa	arbanes (	(MD-	-	
Э.	Full Name (Last, First, Middle Initial) Knollenberg for Congress						action ID				
	Mailing Address 30701 Woodward Avenu	e, Suite 30	00			0 <sup>M</sup> 4	M / D	24	Ž	0 ŏ 7	Y
	City Royal Oak	State MI	Zip Code 48073			Amou	nt of Eacl	n Disburse	-		-
	Purpose of Disbursement Contr. Joe Knollenberg (MI-9-R-US House)								. 1	0.00.0	00
	Candidate Name Joe Knollenberg				ategory/ Type						
		ement For: Primary Other (spe	2008 General								
s	UBTOTAL of Disbursements This Page (optional)				▶					500.0	0
T	OTAL This Period (last page this line number only)				•		• •				

SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)	(check onli	: NUMBER: PAGE 50 / 55 lv one)				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a		24	25 29	26 30b
Any Information copied from such Reports and State							
or for commercial purposes, other than using the nan	ne and address of any political co	ommittee to so	olicit contribu	tions from su	cn comn	nittee	
NAME OF COMMITTEE (In Full)  National Association of Insurance and Fir tee	ancial Advisors Political Ac	ction Commi	t-				
Full Name (Last, First, Middle Initial)			Transact	ion ID: D92	56		
Mark Pryor for US Senate				isbursement			
Mailing Address PO Box 2720			04	12	y y	0 0 7	
City	State Zip Code		Amount o	of Each Disbu	ursemen	t this Pe	eriod
Little Rock	AR 72203				1	000.00	,
Purpose of Disbursement Contr. Mark L. Pryor (AR-D-US Senate)					, , !	000.00	,
Candidate Name Mark L. Pryor		Category/ Type					
	ement For: 2008						
X Senate President	Primary X General  Other (specify) ▼						
State: AR District:	caner (epeciny)						
Full Name (Last, First, Middle Initial)			Transact	ion ID: D92	58		
3. McHenry for Congress				isbursement			_
Mailing Address P.O. Box 360			04	12	y y	0 0̈́7	
City Cherryville	State Zip Code NC 28021		Amount o	of Each Disbu	ursemen	t this Pe	eriod
Purpose of Disbursement	1002	•			2	500.00	)
Contr. Patrick T. McHenry (NC-10-R-US							
Candidate Name Patrick T. McHenry		Category/ Type					
	ement For: 2008		House)				
	Primary General		r louse)				
President State: NC District: 10	Other (specify)						
Full Name (Last, First, Middle Initial)			Transact	ion ID: D92	 67		
Pryce for Congress			Date of D	isbursement			
Mailing Address 145 E. Rich Street			04	24	y y	0 0̈́7	
City Columbus	State Zip Code OH 43215		Amount o	of Each Disbu	ursemen	t this Pe	eriod
Purpose of Disbursement Contr. Deborah Pryce (OH-15-R-US House)		•			. 1	000.00	)
Candidate Name Deborah Pryce		Category/ Type					
	ement For: 2008	) r -					
Senate >	Primary General						
State: OH District: 15	Other (specify) ▼						
SUBTOTAL of Disbursements This Page (optional)					4:	500.00	)
TOTAL This Period (last page this line number only	)						

<b>3</b> (	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)	FOR LINE		:R:	P.	AGE	51 / 5	5
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on 21b 27	22 28a	X 23 28b	24 28c		25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								<u> </u>
$\rangle$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Finatee				indutions in	TOTT SUCT			
۹.	Full Name (Last, First, Middle Initial) Pryce for Congress  Mailing Address 145 E. Rich Street			Date	saction ID of Disburs			o ŏ 7	Y
		State Zip Code		Amou	ınt of Eacl	n Dishurs	ement	this P	eriod
	Columbus	OH 43215		Anio	int of Laci	1 Disbuis	-		-
	Purpose of Disbursement Contr. Deborah Pryce (OH-15-R-US House)						13	500.0	U
	Candidate Name Deborah Pryce		tegory/ ype						
		ment For: 2008 Primary General Other (specify)							
3.	Full Name (Last, First, Middle Initial) Rodney Alexander for Congress				saction ID				
	Mailing Address PO Box 367				of Disburs	0 2	Ý Ž (	0 ŏ 7	Υ
	319 Nancy Road	State Zip Code		Amai	unt of Cool	a Diabuwa	t	thia D	oriod
	•	State Zip Code LA 71268		Amou	int of Each	1 Disburs			-
	Purpose of Disbursement Contr. Rodney Alexander (LA-5-R-US						25	500.0	0
	Candidate Name Rodney Alexander		tegory/ ype						
		ment For: 2008 Primary General Other (specify)		House	e)				
 ].	Full Name (Last, First, Middle Initial) Roskam for Congress Committee				saction ID				
				Date 0 4	of Disburs	ement 2 4	Y Y	0 ŏ 7	Y
	Mailing Address 423 W. Wesley Street			0 4				307	
	•	State Zip Code IL 60189		Amou	ınt of Eacl	n Disburs	-		-
	Purpose of Disbursement Contr. Peter Roskam (IL-6-R-US House)			<u> </u>			25	500.0	0
	Candidate Name Peter Roskam		tegory/ ype						
		ment For: 2008 Primary General Other (specify)	<u> </u>						
S	UBTOTAL of Disbursements This Page (optional) .		 ▶				65	00.0	0
	OTAL This Period (last page this line number only)								
	This i choo (last page this line number only)		 				-		

<b>5</b> (	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)	FOR LIN		R:	P	AGE 5	2 / 55
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check or 21b 27	22 28a	X 23 28b	24 28c	2 2	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name							
$\rangle$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Finatee	•				<u> </u>	0011111111	
۹.	Full Name (Last, First, Middle Initial) Team Sununu				saction ID of Disburs	ement	V * V *	V
	Mailing Address PO Box 500			0 4		3 /	20	ο̈́ 7 Ϋ́
	,	State Zip Code NH 03870		Amou	ınt of Each	Disburse	ement th	nis Period
	Purpose of Disbursement Contr. John E. Sununu (NH-R-US Senate)						100	00.00
	Candidate Name John E. Sununu		tegory/ Γype					
		ment For: 2008 Primary General Other (specify)						
3.	Full Name (Last, First, Middle Initial) The Freedom Project				saction ID of Disburs			
	Mailing Address 111 C Street, SE			0 <sup>M</sup> 4	M / D	24	ž 0	0 7 °
	,	State Zip Code DC 20003		Amou	ınt of Each	n Disburse		
	Purpose of Disbursement Contr. Freedom Project (PAC to PAC)			L.			250	00.00
	Candidate Name		tegory/ Γype					
	Office Sought:  Senate  President  State:  Disburse  X  Annual	ment For: 2007 Primary General Other (specify)						
Э.	Full Name (Last, First, Middle Initial) Vern Buchanan for Congress				saction ID of Disburs			
	Mailing Address PO Box 48928			0 <sup>M</sup> 4	M / D	24	ž 0	0 7 °
		State Zip Code FL 34230		Amou	ınt of Each	Disburs	ement th	nis Period
	Purpose of Disbursement Contr. Vern Buchanan (FL-13-R-US House)			T L.			100	00.00
	Candidate Name Vern Buchanan		tegory/ Γype					
		ment For: 2008 Primary General Other (specify)						
S	UBTOTAL of Disbursements This Page (optional) .		 •				450	0.00
	OTAL This Period (last page this line number only)				-		-	
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 53/55
IT	EMIZED DISBURSEMENT		(check onl	y one)  22 X 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports a for commercial purposes, other than using			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
	National Association of Insurance tee	and Financial Advisors Political	Action Commi	it-
	Full Name (Last, First, Middle Initial)			Transaction ID: D9259
۹.	Westmoreland for Congress		Date of Disbursement	
	Mailing Address P.O. Box 458			04
	City	State Zip Code		Amount of Each Disbursement this Period
	Sharpsburg	GA 30277		4000.00
	Purpose of Disbursement Contr. Lynn A. Westmoreland (GA-3-R-U	JS		1000.00
	Candidate Name Lynn A. Westmoreland		Category/ Type	
	Office Sought: X House Senate President	Disbursement For: 2008  X Primary General Other (specify)		House)
	State: GA District: 03			

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	1000.00
TOTAL This Period (last page this line number only)	<u> </u>	43000.00

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50	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 54 / 55
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	
		Detailed Summary Page	21b 27	22 23 24 25 26 X 28a 28b 28c 29 30b
An	y Information copied from such Reports and S	 Statements may not be sold or used b		
	for commercial purposes, other than using the			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
7	National Association of Insurance and	financial Advisors Political Ac	ction Commi	t-
_	tee			
	Full Name (Last, First, Middle Initial)			Transaction ID: D9264
٦.	Ms. Lanette Y. Crittenden			Date of Disbursement
	Mailing Address Post Office Box 918	2		0 4 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FOST OTHER BOX 916	3		
	City	State Zip Code		Amount of Each Disbursement this Period
	Longview	TX 75608		
	Purpose of Disbursement	ı		34.00
	Refund to Individual			
	Candidate Name		Category/ Type	
	Office Sought: House Dis	bursement For:	1 300	
	Senate	Primary General		
	President	Other (specify) ▼		
	State: District:			
	Full Name (Last, First, Middle Initial)			Transaction ID: D9286
3.	Mr. Donald O. Hawkes			Date of Disbursement
	M. W. A.L.			$\begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix}$ $\begin{bmatrix} D & D \\ 2 & 6 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
	Mailing Address 4001 Bitternut Trail			20 2007
	City	State Zip Code		Amount of Each Disbursement this Period
	Greensboro	NC 27410-2987		
	Purpose of Disbursement	ı		1000.00
	Refund to Individual			
	Candidate Name		Category/ Type	
	Office Sought: House Dis	sbursement For:	туре	
	Senate	Primary General		
	President	Other (specify)		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	1034.00
TOTAL This Period (last page this line number only)	<b>•</b>	1034.00

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PAGE 55 / 55 NE NUMBER:

DEBTS AND OBLIGATIONS	schedule(s) for each	FOR LIN
Excluding Loans	numbered line)	,
NAME OF COMMITTEE (In Full)		

Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)  National Association of Insurance and Financi tee	ial Advisors Political Action Cor	mmit-	
A. Full Name (Last, First, Middle Initial) of Debtor NAIFA	Nature of Debt (Purpose): Payroll, Benefits, Supplies, Copies, etc		
Mailing Address 2901 Telestar Court			
City State Falls Church VA	ZIP Code 22042-1205		
Outstanding Balance Beginning This Period	iod		nsaction ID: DD#7711
34814.69			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
26798.38	0.00	)	61613.07
1) SUBTOTALS This Period This Page (optional)		<u> </u> ▶	61613.07
2) TOTALS This Period (last page this line number of	only)	_ =====================================	61613.07
3) TOTALS OUTSTANDING LOANS from Schedul	le C (last page only)	_ <b>&gt;</b>	0 0 0 0 0 0 0
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only)	) >	